PART B - FEE(S) TRANSMITTAL

ĪŊ	FE	EB 2 1 2006		or <u>Fa</u>	Commissioner 1 P.O. Box 1450 Alexandria, Vir xx (571) 273-2885		hould be completed where	
in m	CURRENT CORRESPONDENCE	E ADDRESS (Note: Use Block 1 for		a) specifying a r		of mailing can only be used for fisic certificate cannot be used for mailing a separate of mailing can only be used for all paper, such as an assignment of mailing or transmission.		
22	DANN, DORFMAN, HERRELL & SKILLMAN 1601 MARKET STREET SUITE 2400 PHILADELPHIA PA 19103-2307 22/2006 JBALINA2 00000040 10721120				I hereby certify that States Postal Service addressed to the Ma transmitted to the US	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. Joan Rodgers (Depositor's name)		
	C:2501	700.00 OP			O _d)	an Rodan	(Signature)	
	C:1504 C:8001	300.00 OP 30.00 OP			Febru	ary 17, 200	(Date)	
Ċ	APPLICATION NO.	FILING DATE		FIRST NAMED II	NVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
	10/721,120	11/24/2003		Schaad Ru	udo!i	0036-P03321US00	6161	
_	APPLN, TYPE	SMALL ENTITY	ISSUE F		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
	nonprovisional	YES	\$700)	\$300	\$1000	03/16/2006	
	EXAM	IINER	ART UN	VIT	CLASS-SUBCLASS			
	STORMER,	RUSSELL D	3617	7	301-036100			
~	1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. The early of a single firm (having as a member a registered attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorneys or agents) and the names of up to 2 registered attorneys or agents. If no name is listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Subingen, Switzerland							
с _	"Fee Address" indicat PTO/SB/47; Rev 03-02 o Number is required. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNI	tion (or "Fee Address" Indict or more recent) attached. Use DRESIDENCE DATA TO B an assignee is identified be an 37 CFR 3.11. Completion EE	ation form e of a Customer BE PRINTED ON delow, no assignee of this form is NO	or agents OR (2) the name registered at 2 registered listed, no nar THE PATENT (grant data will appear) T a substitute for	R, alternatively, of a single firm (having as torney or agent) and the na patent attorneys or agents. I me will be printed. print or type) or on the patent. If an assig or filing an assignment. c (CITY and STATE OR CO	s a member a mes of up to If no name is 3 gnee is identified below, the documentary)	H. Skillman	
3. Pl	"Fee Address" indicat PTO/SB/47; Rev 03-02 of Number is required. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNI Gebr. Schaad	tion (or "Fee Address" Indict or more recent) attached. Use D RESIDENCE DATA TO B an assignee is identified be a 37 CFR 3.11. Completion EE d AG Raderfabri e assignee category or catego	ation form e of a Customer BE PRINTED ON elow, no assignee of this form is NO (E Lk pries (will not be pries)	or agents OR (2) the name registered att 2 registered listed, no nar THE PATENT (j data will appear of a substitute for B) RESIDENCE:	R, alternatively, of a single firm (having as torney or agent) and the na patent attorneys or agents. I must be printed. print or type) or on the patent. If an assignification of the patent. c: (CITY and STATE OR CO Subingen, Swi	s a member a mes of up to If no name is 3 gnee is identified below, the d	H. Skillman	
3. Pl	"Fee Address" indicat PTO/SB/47; Rev 03-02 of Number is required. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNI Gebr. Schaad	tion (or "Fee Address" Indiction more recent) attached. Use D RESIDENCE DATA TO Be an assignee is identified by a 37 CFR 3.11. Completion EE d AG Raderfabri e assignee category or categorenclosed:	ation form e of a Customer BE PRINTED ON elow, no assignee of this form is NO (E Lk pries (will not be pries)	or agents OR (2) the name registered at 2 registered on the parent of t	R, alternatively, of a single firm (having as torney or agent) and the napatent attorneys or agents. I me will be printed. print or type) or on the patent. If an assign filing an assignment. c: (CITY and STATE OR CO Subingen, Swingler): Individual actions: Individual actions: the amount of the fee(s) is a single printed.	s a member a 2 Henry mes of up to if no name is 3 gnee is identified below, the doubtrry territorial corporation or other private greenclosed.	H. Skillman	
3. Pi	"Fee Address" indicat PTO/SB/47; Rev 03-02 of Number is required. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNI Gebr. Schaad Please check the appropriate at the following fee(s) are	tion (or "Fee Address" Indictor more recent) attached. Use of RESIDENCE DATA TO Be an assignee is identified be a 37 CFR 3.11. Completion EE d AG Raderfabri e assignee category or categorenclosed:	ation form e of a Customer BE PRINTED ON elow, no assignee of this form is NO (E Lk pries (will not be pries)	or agents OR (2) the name registered at 2 registered listed, no nar THE PATENT (data will appear T a substitute for B) RESIDENCE: rinted on the pate b. Payment of Fe XX A check in Payment by	R, alternatively, e of a single firm (having as torney or agent) and the na patent attorneys or agents. I me will be printed. print or type) r on the patent. If an assig r filing an assignment. c (CITY and STATE OR CO Subingen, Swi ent): Individual (See(s)): the amount of the fee(s) is or y credit card. Form PTO-20.	s a member a 2 Henry mes of up to lif no name is 3 gnee is identified below, the document of the country land. Corporation or other private greenclosed. 38 is attached.	H. Skillman document has been filed for oup entity Government	
33.	"Fee Address" indicat PTO/SB/47; Rev 03-02 of Number is required. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNI Gebr. Schaad Please check the appropriate a. The following fee(s) are Issue Fee Publication Fee (No standard Advance Order - # of	tion (or "Fee Address" Indictor more recent) attached. Use the property of the	ation form e of a Customer BE PRINTED ON elow, no assignee of this form is NO (E Lk pries (will not be pries) 40 ed)	or agents OR (2) the name registered at 2 registered listed, no nar THE PATENT (data will appear T a substitute for B) RESIDENCE: rinted on the pate b. Payment of Fe XX A check in Payment by	R, alternatively, e of a single firm (having as torney or agent) and the na patent attorneys or agents. I me will be printed. print or type) r on the patent. If an assig r filing an assignment. c (CITY and STATE OR CO Subingen, Swi ent): Individual (See(s)): the amount of the fee(s) is or y credit card. Form PTO-20.	s a member a 2 Henry mes of up to if no name is 3 gnee is identified below, the doubtrry territorial corporation or other private greenclosed.	H. Skillman document has been filed for oup entity Government	
3. 3.	"Fee Address" indicat PTO/SB/47; Rev 03-02 of Number is required. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNIC Gebr. Schaace Please check the appropriate a. The following fee(s) are larger l	tion (or "Fee Address" Indictor more recent) attached. Use the property of the	ation form e of a Customer BE PRINTED ON elow, no assignee of this form is NO (E i.k bries (will not be pr 40 ed) 9 37 CFR 1.27.	or agents OR (2) the name registered at 2 registered listed, no nar THE PATENT (data will appear T a substitute for a sub	R, alternatively, c of a single firm (having as torney or agent) and the napatent attorneys or agents. I me will be printed. print or type) r on the patent. If an assignification of the patent. c (CITY and STATE OR CO Subingen, Swinet): Individual I detect the amount of the fee(s) is concerned to the second or is hereby authorized by ant Number 04-1406.	gnee is identified below, the doubter of the doubte	document has been filed for oup entity Government credit any overpayment, to copy of this form).	
73.	"Fee Address" indicat PTO/SB/47; Rev 03-02 of Number is required. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNIC Gebr. Schaace Please check the appropriate a. The following fee(s) are larger l	tion (or "Fee Address" Indictor more recent) attached. Use the property of the	ation form e of a Customer BE PRINTED ON elow, no assignee of this form is NO (E i.k bries (will not be pr 40 ed) 9 37 CFR 1.27.	or agents OR (2) the name registered at 2 registered listed, no nar THE PATENT (data will appear T a substitute for a sub	R, alternatively, c of a single firm (having as torney or agent) and the na patent attorneys or agents. I me will be printed. print or type) r on the patent. If an assignification of the patent. c (CITY and STATE OR COSUDINGEN, Swimmer): Individual Company of the amount of the fee(s) is expected by credit card. Form PTO-20, or is hereby authorized by the int is no longer claiming SM. c) or to re-apply any previous ther than the applicant; a resulting and the single properties.	gnee is identified below, the dountrry) tzerland Corporation or other private greenclosed. 38 is attached. charge the required fee(s), or (enclose an extra construction of the application of the private greenclose and the construction of the private greenclosed.	document has been filed for oup entity Government credit any overpayment, to copy of this form). FR 1.27(g)(2). ation identified above. he assignee or other party in	
33.	"Fee Address" indicat PTO/SB/47; Rev 03-02 of Number is required. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNIC Gebr. Schaace Please check the appropriate a. The following fee(s) are larger l	tion (or "Fee Address" Indictor more recent) attached. Use the property of the	ation form e of a Customer BE PRINTED ON elow, no assignee of this form is NO (E i.k bries (will not be pr 40 ed) 9 37 CFR 1.27.	or agents OR (2) the name registered at 2 registered listed, no nar THE PATENT (data will appear T a substitute for a sub	R, alternatively, c of a single firm (having as torney or agent) and the na patent attorneys or agents. I me will be printed. print or type) r on the patent. If an assign filling an assignment. c (CITY and STATE OR CO Subingen, Swint Subingen, Swint Subingen, Swint State amount of the fee(s) is expected to the subingen of the fee(s) is expected to the subingen of the fee(s) at it is no longer claiming SM. or to re-apply any previous ther than the applicant; a result of the fee (s).	gnee is identified below, the doubter of the doubte	document has been filed for oup entity Government credit any overpayment, to copy of this form). FFR 1.27(g)(2). ation identified above. he assignee or other party in	

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

DANN, DORFMAN, HERRELL AND SKILLMAN

A PROFESSIONAL CORPORATION

1601 MARKET STREET · SUITE 2400 · PHILADELPHIA, PA · 19103-2307 PHONE (215) 563-4100 · FAX (215) 563-4044

February 17, 2006

Last Name of First Named Inventor:

MAIL STOP ISSUE FEE

SCHAAD

Application No. 10/721,120

Allowed: December 16, 2005

Attorney Docket No. 0036-P03321US00

Filed: November 24, 2003

Confirmation No: 6161

For: Attachment Device For An

Auxiliary Wheel Releasably Attachable To A Wheel Of A

Vehicle

TO THE COMMISSIONER FOR PATENTS:

NOTIFICATION OF FEE ADDRESS

Please enter "Payor Number" No. 000110 in the Office records to identify the "Fee Address" to be used in connection with this case for all future maintenance fee payments and related correspondence.

Respectfully submitted,

Henry H. Skillman

PTO Registration No. 17,352

Telephone:

215-563-4100

Facsimile:

215-563-4044



DANN, DORFMAN, HERRELL AND SKILLMAN

A PROFESSIONAL CORPORATION

1601 MARKET STREET · SUITE 2400 · PHILADELPHIA, PA · 19103-2307 PHONE (215) 563-4100 · Fax (215) 563-4044

February 17, 2006

Last Name of First Named Inventor:

MAIL STOP ISSUE FEE

SCHAAD

Application No. 10/721,120

Allowed: December 16, 2005

Attorney Docket No. 0036-P03321US00

Confirmation No: 6161

Filed: November 24, 2003

For: Attachment Device For An

Auxiliary Wheel Releasably Attachable To A Wheel Of A

Vehicle

TO THE COMMISSIONER FOR PATENTS:

SUBMISSION OF ISSUE FEE

The above-identified application has been allowed. In response to the Notice of Allowability dated December 16, 2005, enclosed are the following:

- 1. A copy of form PTOL-85 with authorization to charge Deposit Account No. 04-1406.
- 2. Fee Transmittal Sheet
- 3. Check in the amount of \$1030, which includes the issue fee, the publication fee and the cost of ten (10) advance copies.
- 4. Notification of Fee Address

Respectfully submitted,

DANN, DORFMAN, HERRELL AND SKILLMAN A Professional Corporation Attorneys for Applicants

Henry H. Skillman

By

PTO Registration No. 17,352

د. د.	r	Complete if known	
		Application Number: 10/721,120	
	FEE TRANSMITTAL	Filing Date: November 24, 2003	
,	E	First Named Inventor: SCHAAD	
ļ , -	(FEB 2 1 2006 oc)	Group Art Unit: 3617	
y.*	The state of the s	Examiner Name: Stormer, Russell	
	Total Amt. of Payment: (1)+(2)+(3)= \$1,030	Attorney Docket Number: 0036-P03321US00	

METHOD OF PAYMENT (check one)	FEE CALCULATION (continued)		
	ADDITIONAL FEES		
The Commissioner is hereby authorized to:	Fee Description Fee Paid		
[] Charge indicated fees	Surcharge-late filing fee or oath		
[X] Charge additional fees	Surcharge - late provisional filing fee or cover sheet		
[X] Credit overpayments	Extension for response within first month		
to the account of DANN, DORFMAN, HERRELL & SKILLMAN	Extension for response within second month		
Deposit Account Number <u>04-1406</u>	Extension for response within third month		
	Extension for response within fourth month		
2. Payment enclosed:	Notice of Appeal		
Check in the amount of \$1,030	Filing a brief in support of an appeal		
	Request for oral hearing		
FEE CALCULATION	Petition to revive unavoidably abandoned application		
1. FILING FEE Fee	Petition to revive unintentionally abandoned application		
Fee Description	Issue fee 700		
Utility filing fee	Petitions to the Commissioner		
Design filing fee	Petitions related to provisional applications		
Plant filing fee	Submission of Information Disclosure Stmt.		
Reissue filing fee	Recording each patent assignment per property		
Provisional filing fee	Other fee (specify) Advance Order (10 copies) 30		
	Other fee (specify) Publication Fee 300 Publication Fee		
SUBTOTAL (1)\$0			
305101A2(1)	SUBTOTAL (3)\$1,030		
2. Claims			
Paid Extr Fee			
Total Claims = 0			
Independent Claims x = 0			
Multiple Dependent			
(First presentation)			
SUBTOTAL (2)			

Submitted By: Typed or			
Printed Name	Henry H. Skillman	Reg. Number <u>17,352</u>	
Signature	Walledam,	Date February 17, 2006	Deposit Account User ID 04-1406